Town of Dayton ~ 721 Walnut P.O. Box 557 Dayton IN 47941 email : ron.koehler@dayton.in.gov

APPLICANT INFORMATION			
Position		Date	
Last Name	ast Name First		
Street Address			
City	State	ZIP CODE	
Home Phone	Cell Phone	Work Phone	
Social Security No			

EDUCATION HISTORY			
Institution	Other Institution		
City	State		
Degree	From		
Field of Study 1	То		
Field of Study 2	Years Completed		
Institution	Other Institution		
City	State		
Degree	From		
Field of Study 1	То		
Field of Study 2	Years Completed		
Institution	Other Institution		
City	State		
Degree	From		
Field of Study 1	То		
Field of Study 2	Years Completed		
Institution	Other Institution		
City	State		
Degree	From		
Field of Study 1	То		
Field of Study 2	Years Completed		

Institution	Other Institution	
City	State	
Degree	From	
Field of Study 1	То	
Field of Study 2	Years Completed	

DRIVER'S LICENSES				
License Number		License Type		
State	Expiratio	n Date	Primary	
Restrictions		Endorsements		

LICENSES / CERTIFICATIONS				
Certification		Туре		
State	Issued Date		Expiration Date	
Notes				
Certification		Туре		
State	Issued Date		Expiration Date	
Notes				
Certification		Туре	Туре	
State	Issued Date		Expiration Date	
Notes				
Certification		Туре		
State	Issued Date		Expiration Date	
Notes				
Certification		Туре		
State	Issued Date		Expiration Date	
Notes				

REFERENCES				
Please list three professional references.				
Name		Relationship		
Home Phone		May We Contact		
Cell Phone	Work Phone		Ext	
Title		Occupation		
Address				
City	State		Zip	
Email				

Name		Relationship	
Home Phone		May We Contact	
Cell Phone	Work Phone		Ext
Title		Occupation	
Address			
City	State		Zip
Email			

Name		Relationship	
Home Phone		May We Contact	
Cell Phone	Work Phone		Ext
Title		Occupation	
Address			
City	State		Zip
Email			

Please complete the employment history beginning with the most recent employer first.

PREVIOUS EMPLOYMENT		
Employer		Phone
Type Of Business		Ext:
Address		
City		p
Job Title		Start Date End Date
Ending Salary	_	
Supervisor Name	Title	
Phone Ext	May We Contact ?	YesNo
Reason For Leaving		
Previous Employment		
Employer		Phone
Type Of Business		Ext:
Address	_	
City	State Zi	p
Job Title	_	Start Date End Date
Ending Salary	_	
Supervisor Name	Title	
Phone Ext	May We Contact ?	YesNo
Responsibilities		
Reason For Leaving		

Please complete the employment history beginning with the most recent employer first.

Previous Employment		
Employer		Phone
		Ext:
Type Of Business		
Address		
City	StateZip	
Job Title		Start Date End Date
Ending Salary		
Supervisor Name		
Phone Ext	May We Contact? `	/esNo
Responsibilities		
·		
Reason For Leaving		
Previous Employment		
Employer		Phone
		Ext:
Type Of Business		
Address		
City	StateZip	
Job Title		Start Date End Date
Ending Salary		
Supervisor Name	Titlo	
PhoneExt	May we contact ?	resno
Responsibilities		
Reason For Leaving		

Please complete the employment history beginning with the most recent employer first.

Previous Employment			
Employer			Phone
Type Of Business			Ext:
Address			
City	State	_ Zip	
Job Title			Start Date End Date
Ending Salary			
Supervisor Name	Titlo		
Supervisor Name Ext			
Friorie LAt	Way We con	itact : i	NO
Responsibilities			
December 1 assists			
Reason For Leaving			
ADDITIONAL INFORMATION			
Have you ever been discharged or asked to resig	In from any position?	Yes	No
Are you now or have you ever been employed by If yes, please provide dates, positions(s) held, are		Yes	No
Have you ever pled "Guilty" or "No Contest" to, or Crime excluding Juvenile Court and traffic violation		Yes	No
			se questions does not constitute automatic bar to the violation, rehabilitation, and position applied for will
Date			
Details:			
If you are under 18 and it is required can you fu If no please explain	rnish a work permit?		
Please list any skills which are required by the ar	nnouncement:		
, , , , , , , , , , , , , , , , , , , ,			
Additional Information and Notes:			

Relatives Employed by this Agency			
Name	Relationship	Department	

Disclaimer and Signature

APPLICANT STATEMENT

Please read the following Applicant Statement carefully.

I certify that all information I have provided in order to apply for secure work with the Town of Dayton is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from employment whenever it is discovered.

I expressly authorize, without reservation, the Town of Dayton, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application resume or job interview. I expressly consent to a limited criminal history. I hereby waive any and all rights and claims I may have regarding the Town of Dayton, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Town of Dayton does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Town of Dayton reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employee for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Town representative.

I understand that the Town of Dayton reserves the right to amend or modify the personnel policy handbook and other Town policies at any time, without prior notice. These policies do not create any promises or contractual obligations between the Town of Dayton and its employees.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 form in this regard.

The submission of this application shall serve in lieu of my signature that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature Date